

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
17308-5463

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2	/						52					
3	/						53					
4	/						54					
5							55					
6	/						56					
7	/						57					
8	/						58					
9	/						59					
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12	/						62					
13			/				63					
14			/				64					
15			/				65					
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17			/				67					
18			/				68					
19			/				69					
20			/				70					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					